Use of the Employee Assistance Program by American and Local Corporations

An Honors Thesis (ID 499)

by

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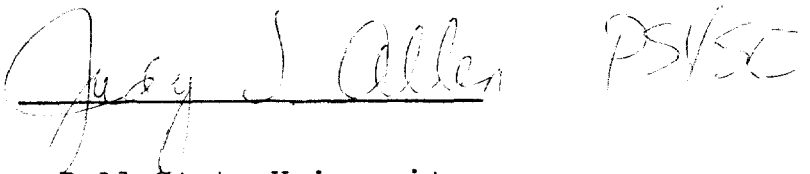

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ON

EMPLOYEE ASSISTANCE PROGRAMS

Alcohol, a "social drug," a symbol of hospitality, and the substance most used to relax and unwind, is a depressant that affects the nervous system, reduces inhibitions and increases the heart rate and the flow of blood to the skin (Plant, 1979). Its use has been common practise for thousands of years, and though it is so common, consumption is looked on with various degrees of acceptability, depending on the society and the culture. The abstinent culture is very hostile towards alcohol, and strongly prohibits its use, while the ambivalent culture usually has conflicting views. Those who drink, the "wets," are favorably inclined to its use, while those who do not drink, the "drys," are not. The permissive culture freely permits the consumption of alcohol but frowns on drunkenness, and the over-permissive culture tolerates both drinking and drunkenness (Plant, 1979). The United States, as a whole, contains all four of these cultural patterns, depending on the region, state, city or even sub-section of the city.

As a rule, drinking begins at home with family, but young drunkenness begins elsewhere--with friends or "the crowd." Young and old alike may be drinking heavily; however, this is not a definite sign that they will eventually develop alcoholism. Alcoholism does begin with social drinking though. The type of people who do develop alcoholism varies greatly, as do the factors that can help to cause it. Alcoholism, a compulsive, self-destructive, and progressive disease that affects the person no matter how much or how

little is consumed, only gets worse without treatment. It can be caused by many factors (Sager, 1979). Strange as it may seem, the alcoholic beverage does not cause the problem (National, 1984). Alcoholism does not come in bottles, it comes in people, and can be caused by physiological, psychological, economic or social factors (Pati, 1983).

There are three elements to alcoholism. The first is the physical dependence or addiction. It develops gradually over time until the individual experiences withdrawal shakes, and hallucinations when drinking is suspended (Plant, 1979). Physical damage to the liver, stomach and pancreas can result from alcoholism also. As can ulcers, anemia, muscle pains and "blackouts." Finally, various social problems will become common for the alcoholic (Plant, 1979). All these things are complications the problem drinker will probably encounter.

A number of studies have been done to determine the extent of alcohol use and abuse in the United States. There have also been attempts to create a profile of who drinks and who does not, as well as why individuals turn to a bottle for help. It has been estimated that 70% of the United States' population are regular alcohol drinkers. Many of these individuals mix other medication with the alcohol they consume (Belohlav, 1983). 90% of 17 to 19 year olds consume alcohol on a regular basis, and one of ten seventh graders are problem drinkers (Quayle, 1983). Of the 70% of the population that drink, 5-10% are alcoholics, the majority of which are in the nation's workforce (Belohlav,

1983). Only 15% of that 5-10% will get any help in dealing with the disease (Sherrid, 1982). Many of those not receiving help will not because they do not admit that they have a problem. They rationalize everything and refuse to acknowledge the consequences of their drinking.

No one area or profession is worse than any other. Alcoholism is an "Equal Opportunity Problem" (Grosswirth, 1983). Alcoholics are generally thought of as middle-aged males, either working in low-status jobs or on skid row. This profile is not as accurate as it may seem. To begin with, only 3% of the alcoholics are on skid row. Most are working full-time jobs, and are not job-hoppers (Trice, 1977). Approximately 50% of alcoholics are women. White collar workers number 25%, 30% are blue collar workers and 45% have a professional or managerial career. About 13% have less than a grammer school education, 37% are high school graduates and 50% have attended or completed college. There are 66% of the alcoholics that are members of households (Pati, 1983). Finally, an individual with strong family and social support away from the workforce will be less likely to be strongly influenced by culturally supported drinking (Fine, Akabas, and Bellinger, 1982).

Certain individuals are more succeptible to the culture of drinking. They include new workers, those returning from detoxication, and women (Fine, et al., 1982). There are also numerous reasons why any of these, or other individuals, may start drinking. These factors can be broken down into personal characteristics, job characteristics and stresses,

organizational frustrations and stresses, social factors and family problems.

One reason a person may turn to alcohol is as a means of escape. If a situation becomes too stressful, an individual may turn to alcohol to relieve tension and to forget. There are also those who must control all situations, and must succeed if it is at all possible. Extreme ambition, competitiveness, aggressiveness, and being highly success oriented are all characteristics that should be taken note of (Milbourne, 1981). Extreme tiredness is also a characteristic that bears watching because it encourages drinking; which leads to dehydration and muscular fatigue, which leads to more drinking. It becomes an unending circle (Godard, 1981). Finally, workaholics can easily become alcoholics (Plant, 1979).

There are many job characteristics that may sway an individual toward alcohol use. Work overload or underload, long hours, lack of privacy, and less time for recreation and hobbies are only a beginning (Milbourne, 1981). Having a very flexible schedule, a lot of solitude, having to work the night shift, or being far from the purview of the supervisor and associates, as in high status or traveling positions, can avail the individual with opportunites to drink without the risk of being caught (Plant, 1979). Monotany, boredom, alienation, minimal autonomy (Ziegenfuss, 1980), unpleasant or oppressive working conditions, staggered shifts and changes that occur too frequently are also job characteristics that can be contributing factors to alcoholism (Fine, et al., 1982).

Job stress, though similar to job characteristics, covers the more psychological aspects of an individual's job. If goals are unclear, the job role is novel to the organization or if there has been recent mobility from a highly controlled job to a stressful job with little control, an employee may feel a lot of stress, which may cause that person to drink. Lack of job satisfaction, employment insecurity (Plant, 1979), as well as role ambiguity, lack of control by the worker, role conflicts, role changes, unclear performance standards and loss of identity or individuality, also will cause job stress (Hollman, 1980). When an employee receives no sense of achievement, accomplishment, responsibility or challenge, stress is a certainty. The same is true when an employee is unable to make any sense out of his work (Ozama, 1980), or has inadequate resources as well as high demands and high anxiety levels. Joint projects with a substandard co-worker, an unhelpful supervisor, or working for two different supervisors are also situations that can be considered stress-causing (Camisa, 1982).

Organizational frustrations have the tendency to cause individuals to act aggressively. If the frustrations are not reduced, apathy and often drinking set in (Milbourne, 1981). Some of the factors that can cause this discouragement include lack of visibility within the organization, inadequate company communication systems, poor employee-supervisor relationships (Hollman, 1980), managers who are deaf to employee concerns (Ziegenfuss, 1980), and ambiguous appraisal criteria. Other organizational factors that can

drinking are easy accessibility of drugs in some professions (Beck, and Buckley, 1983), accepted use of alcohol at the workplace, and the toleration, camouflage and support of drinking on the job (Fine, et al., 1982).

Then there are social and family factors that affect the amount of employees who turn to alcohol. If there is an absence of social controls on drinking, or deviant drinking somehow benefits others, it is often tolerated and encouraged within the organization (Plant, 1979). Drinking can also be the result of attempting to conform and gain acceptance, maintaining tradition or attempting to adapt to new surroundings (Plant, 1979), rigid social structure and long separations from normal social/sexual relationships, or from a social pressure to drink (Plant, 1979). Family factors include broken families, divorce, and offspring problems (Ozawa, 1980).

A problem that is very similar to alcoholism is drug abuse. Drug abuse is a problem that has become more common in the last twenty years (Kemper, 1979b), one in which the use of a drug interferes with the health, economic and/or social functioning of an individual (Nelson, 1981).

There are various types of drug users. There are the experimenter, or infrequent users, and steady-regular users and abusers, or drug dependent persons (Kemper, 1979b). The classification that fits an individual depends on the nature of the drug, its effect, the condition of the user and the circumstances that the drug is used under (Kemper, 1979b). Further indications of addiction include three items. The

first is the depth of involvement with the drug. Has the body chemistry changed to the point that the organs cannot function without the presence of the drug? The second is the question of the lifestyle, self-image and image others see of fitting the "addict role." And finally, the state of mind of the user--does the drug, though only a small part of daily life, represent the primary means of identification for the user (McVernon, 1980)?

Drug abuse can be found at any age level, any employment level and any socio-economic level. It is estimated that 40% of the workforce use some type of drug regularly (Rostain, Allen and Rosenberg, 1980), and 3-7% of the workforce use illicit drugs daily (Quayle, 1983). Of high school seniors, one in two have tried marijuana and one in three had smoked it within thirty days of being surveyed. of the 25 million Americans who use marijuana, 50% are between 18 and 25 years of age (Bensinger, 1982).

In 1974, the National Institute on Drug Abuse surveyed eight major companies in Boston and found that 17% of those who used drugs were under 30, while only 2% were over 30 (Grosswirth, 1983). A majority of those who were under 30, are now 30 and older and have received promotions, putting them in many high positions within the business world. Chances are that they are still drug users.

As drug use and abuse becomes more and more integrated into the business world, certain problems are going to arise. There are going to be increasing numbers of functioning drug-abusing employees, those who may be productive workers

for years without incidence or detection. There are also problems with acute drug intoxication on the job, buying and selling illicit drugs at work, deteriorating job performance and thefts to support expensive drug habits (Nelson, 1981).

Deteriorating performance and theft are only two of many costs that are accrued by alcoholics and drug abusers who are employed within a company. It is estimated that each troubled employee wastes about 25% of his or her annual salary on sick pay, accidents, absences and materials (Schneider, 1979). In 1965, health care costs equalled 6% of the Gross National Product, and by 1982, it was up to 10% of the GNP ("Managing Medical Costs," 1983). Lost production of goods and services is estimated to cost between $19.6 and $24 billion annually (Grosswirth, 1983), and health care for alcoholics in 1975, cost over $12.7 billion ("Helping Employees Cope," 1979). Alcoholics also average being late 3 times more often than non-alcoholics, want early dismissal 2.2 times more, have 2.5 more times of eight-plus days absent, use 3 times more sick benefits, have 5 times more compensation claims, 3 times more injuries, and between 3 and 4 times more accidents. Alcoholics are absent 16 times more often than non-alcoholics.

As a rule, alcoholics are 1/3 to 1/2 less productive than non-alcoholics (Brecker, 1983), involve 40% of all industrial fatalities, 47% of all industrial injuries (Quayle, 1983), and claim 15% of all health care benefits (Belohlav, 1983). Other costs include frequent phone calls, long lunch hours, frequent non-work-related visits, and tardiness.

Some even more costly problems are safety problems, the spread of drug use by employees within a unit (Nelson, 1981), shoddy work, slow downs, sabotage, product damages, overtime pay, early retirement, premature disability or death, insurance premium increases, lowered profits, public danger--such as taxi drivers and pilots, and security problems (Quayle, 1983). There is also the cost of substance control centers, legal responsibilities, fringe benefit policies, plus administration decisions about discipline, recruitment, placement and termination of abusers (Kemper, 1979b)

Included in expenses that are attached to alcoholic and drug-abusing employees are those that are "intangibles." These include the pain and suffering... the loss of an irreplaceable person, the time spent by administrators and supervisors (Belohlav, 1983), plus the impact on the relationship between the company and the employee, and the co-workers and the employee (Ziegenfuss, 1980), and customers or public and the company (Belohlav, 1983). Often alcoholism can affect concentration, cooperation, decision-making abilities, judgment and morale (Pati, 1983), and can cause depression and anxiety (Brenton, 1982). There are always repercussions on the family and friends.

Chart A presents a break down of expenses that were acquired through a government sponsored study done by Research Triangle Institute in 1977. The finds have been adjusted to reflect 1983 dollars.

"The longer the period of time that elapses before the company responds to the problem, the higher the cost to the

company" (Ziegenfuss, 1980). This is a major consideration when evaluating the costs of treatment, as opposed to the continued costs of employing alcoholic and drug-abusing employees. When every man, woman and child in the United States pays $74 annually for the expenses accrued by drug users (Mann, 1984), the $5-10 per employee, per year, that is used to maintain detection and referral services seems minimal (Schneider, 1979). Once the problem is detected, treatment usually costs less than 10% of the employees annual salary. This too seems a small price to pay when faced with the options of terminating, hiring and training another, or accepting continuing loss, accidents and other expenses.

The costs of alcoholism are very high and the costs of counseling-referral programs are relatively low. Losing family and friends, possessions, respect, pride and reputation often do not bother the alcoholic, while the threat of losing his or her job does (Perham, 1982). These two factors have combined to force industry to develop a means of dealing with the troubled employee--the Employee Assistance Program.

Employee Assistance Programs (EAP's) began around 1940, as low key occupational programs, to protect employees seeking help for their problem. The programs were often run by medical units, and used Alcoholics Anonymous as a source of counseling and assistance (Roman, 1983). By 1959, only 50 American companies had alcoholism programs (Carr, 1980). As the 1970's approached, the programs began to develop rapidly

(Roman, 1980). In 1971, the National Institute of Alcoholism and Alcohol Abuse developed a policy that supported two programs for three years in each year state (Roman, 1983), and by 1975, 700 programs had been established (Carr, 1980).

From these older alcoholism programs, developed the programs of the 1980's. Employees began to expect their employers to not only pay them adequately, but to provide ways to keep them physically, mentally and emotionally healthy (Maloof, 1981). For this reason, and to remove the stigma of being an "alcoholism" program, companies began to counsel for other problems. Recently, 80% of the programs have removed the terms "alcohol" or "alcoholism" from their titles, and most are now called "Employee Assistance Programs" ("Corporations Viewing Alcoholism", 1980). Four major assumptions that lead to the changes were: 1) deteriorating performance frequently results from behavioral problems, 2) behavioral problems cannot be dealt with effectively at the workplace, but must have professional assistance, 3) personal problems sap productivity and 4) inattention results in high costs (Roman, 1980). As more and more organizations come to realize the truth of these assumptions, programs are developing. A study conducted by Paul M. Roman in 1981-82, showed that 8000 work organizations had a formal EAP in some stage of development (Roman, 1983).

The Employee Assistance Program of the 1980's has evolved into a planned, systematic program providing confidential, professional assistance to employees experiencing problems with a direct impact on job performance. EAP's can

be voluntary or required by the supervisor, and are often accessible to employee and their families (Brenton, 1982). They were conceived to maintain high work standards and to assure consistent management practices (Carr, 1980).

The staff of an EAP can range from one or two persons to twenty or more. Often there is a social worker and a recovered alcoholic, with a hard-headed business-minded administrator in charge (Perham, 1982). There may also be psychologists and counselors experienced in work problems, chemical dependency, mental health, financial and marital matters, rehabilitation and legal advice. If there is a "hot line," the phone operators should have experience with high pressure situations of similar nature (Reed, 1983).

Some things that need to be considered when determining the staff needed and the program designs are: 1) the size of the company, 2) how the EAP staff functions are to be related to the personnel functions, 3) the nature of procedures for identifying performance and attendance problems and 4) social prejudices and how they could affect the EAP performance (Kemper, 1979a). Often there is a need to go beyond the counseling and rehabilitation within the organization. Prevention must also be considered as a goal (Hollman, 1980). This can be done by being aware of who is susceptible to stress, and developing programs to help them deal with the stressful situations (Milbourne, 1981).

In general, there are two different types of EAP's that are available. An in-house program is a budgeted unit that is run by the company. Usually the program is developed

within the medical or the personnel department, and can be involved with both on-the-premises counseling and referral services (Brenton, 1982). The advantages of an in-house program are the ability to develop a rapport between the counselors and workers (Busch, 1981), and the potential for fairly early detection of problems. A drawback is that employees may be reluctant to use the EAP for fear of reprisals (Brenton, 1982). The second type of program is an outside provider. An outside company may have offices within the workplace or outside, and may counsel individuals themselves, or help the company to develop its own program to suit its needs (Grosswirth, 1983). If the latter is done, the outside provider helps train supervisors, inform employees, prepare policy statements and set-up referral contacts with other outside agencies (Dawson, 1982). An outside provider may be used because it has a better undercover investigation capacity, is anonymous, and is more skillful at assembling evidence of its findings. With outside services, the cost sheets need only be shown to "need to know" individuals and it will not disrupt ongoing company security coverage. It is also possible to draw from others' experience in developing and maintaining an EAP (Bensinger, 1982). Employees often will open up to outsiders when they will not to someone connected with their employer. The outsider seems more confidential and less likely to help management "keep tabs" on the worker than an in-house counselor would be (Dawson, 1982).

There are some definite steps that need to be followed in order to develop and maintain a good program. The first item is to get management's approval. This can be accomplished by presenting statistics supporting the fact that a program is needed. Then a committee meeting can be scheduled, with equal representation of management and labor (if applicable) to set up the guidelines that need to be followed (Milbourne, 1981).

Once support is assured, a policy statement needs to be written. It should state that alcoholics and drug addicts receive the same rights as other handicapped individuals ("Preventive Maintenance", 1979), that the organization does not condone drug and alcohol use, and that it is going to obey the law through both internal action and the use of law enforcement agencies (Bensinger, 1982). The purpose, enhancing health in the workplace, productivity and performance, should be clearly defined, along with the fact that confidentiality and individual rights will be protected (Roman, 1980). The company's definition of alcoholism and drug abuse may be included. The program's effect on recruitment, hiring, discipline, termination, education and treatment need to be stated (Belohlav, 1983), as well as what problems--such as alcohol and drug abuse, family, legal, financial, and emotional problems--will be treated through the program. Finally, employees should be encouraged to seek help, and available facilities may be listed (Blacklaws, 1981).

Once a staff is hired, training is the next most important step in developing an EAP that works. The training should

begin with the development of a supervisor's ability to identify subordinates' and co-workers' problems through evaluations of the job performance and attendance (Roman, 1980). A list of problems to watch for may be helpful. The supervisor needs to know the company policy involving the EAP, and be allowed to ask questions to clarify anything he does not understand (Levine, 1981). Accurate and up-to-date documentation needs to be stressed (Zemke, 1983). Supervisors are to be taught how to confront employees, yet not diagnose any disease or cause of poor performance and attendence. Confidentiality and concern should be emphasized and referral procedures and appropriate, acceptable actions should be discussed (Levine, 1981). Team-building, conflict resolution, process consultation and handling of stress should be explored also (Merman, 1979).

Since there is a policy statement, a staff and trained supervisors, the employees need to be informed of the new program available for their use. This can be done through booklets, articles, lectures, a newsletter or employee publication, bulletin board, mailers, fliers and union help (Levine, 1981). Probably the most effective and inexpensive method is word-of-mouth.

In order for a supervisor to be able to identify problems, he must know what to look for. There are physical, psychological, personal and work-related indications that should cause a supervisor to become more alert and watchful of a possible troubled employee. When an employee comes to work drunk or high, there are some definite physical

signs. Appetite and weight loss, frequent "cold," excessive smoking, unsteady gait, marks or absesses on the forearms or hands (Nelson, 1981), uncontollable laughing or crying, lack of dexterity, and "blackouts" are all physical signals that may indicate substance abuse (Milbourne, 1981).

Irrational fluctuations in moods are common among substance abusers, as is a noticeable change in personality and behavior. Isolation from family and the normal activities of the individual's lifestyle (MacDonnell, 1981), and a change in the relationship with the supervisor and co-workers can also signify a problem. An individual who abuses alcohol and/or drugs may avoid his supervisor, have a grandiose manner and have trouble with maintaining relationships with family and friends.

At work, a supervisor should be especially watchful when a once satisfactory worker begins to have his job performance deteriorate below the previous level (Sisk, 1981), begins to fall asleep on the job frequently, takes a number of rest breaks, and/or develops elaborate excuses for absences. If an employee is a substance abuser, there may be frequent lapses in efficiency, and possibly equipment damage. Medical hospital claims may increase (Milbourne, 1981), and long weekends--Monday and Friday absences--may be a problem also (Grosswirth, 1983). An increasing disregard for personal appearance and severe financial difficulties are also warning signals (Milbourne, 1981). Some other signs to watch for are found on Chart B.

When a problem in work performance has been identified, the supervisor has numerous options. He may wait and do nothing, give the employee a pep talk, find the cause of the problem, administer a more severe discipline than is currently being used, transfer the employee to another department, terminate the worker, or suggest the employee seek further counseling through the EAP (Ray, 1982).

When any of these disciplinary actions are being considered in regards to the alcoholic or drug abuser who has lower than standard performance, several things need to be kept in mind. The action must be consistent with company policy and practices regarding work requirements, and all employees must be dealt with fairly, swiftly and consistently (Kemper, 1979b). Legally, the discipline of substance abusers must be handled in the same way as any other chronic health problem (Kemper, 1979a). Often company policy will protect job security as long as progress in treatment continues to be satisfactory, although the employee may be suspended from work for health reasons while in treatment (Nelson, 1981). If the employer has maintained a good working relationship with the local law enforcement agencies, they will usually be willing to aid in enforcing established policies, if they can be of any help (Bensinger, 1982). Finally, if the company decides the employee should be terminated, he must have been given proper treatment and "one last chance" or the organization may have a grievance or law suit to deal with (Belohlav, 1983). Arbitrators are beginning to require this last chance from employers when deciding grievance cases.

At the first sign of performance, attendance or other documented problems, counseling should begin. The suggestion should be supportive and not accompanied with harsh criticism (Pati, 1983). The EAP program will identify the problem, usually give limited short-term counseling, then make referrals and do follow-ups ("Managing Medical Costs," 1983).

The types of counseling that are available are as numerous as the problems that they are required to deal with. Psychological therapy is designed to help the patient handle the problem, develop trust in someone, and find out why the problem developed. Alcoholics Anonymous is a group therapy type of counseling in which alcoholics get together and help each other. Behavior and Aversion therapy assumes that substance abuse is a habit that can be broken. By reinforcing "good" behavior and punishing "bad" behavior (drinking) counselors hope to eliminate the desire and the need to drink. Vocational guidance is another form of counseling that is often available. It helps individuals develop new job skills and up-date old ones (National, 1984).

Control Data has an Employee Advisory Resource that offers referral services, face-to-face counseling and a 24-hour counseling "hot line." The "hot line" is often used by employees because the caller remains anonymous, it is available 24 hours a day and it is easier for many individuals to talk to someone on the phone than in person. It has proven very successful (Reed, 1983).

Another type of counseling for substance abusers is being experimented with. It is a day treatment program in

which the substance abuser goes for counseling six days a week, and up to eight hours a day. Every night the employee returns home. This program has proven very effective so far, and is much less costly than an in-patient program at a hospital (Perham, 1982).

Often counseling is available not only for the substance abuser but also for the employee's family, to help them cope with the problems they encounter in connection with the abuse. Al Anon and Al Ateen are just two such programs that help the family express their feelings, and come to terms with their reactions to a loved one's alcoholism (National, 1984).

Counseling can be used in a preventative nature also. In the early development stage, when symptoms are almost nonexistent and the employee seeks help, it can eliminate the forces that are leading to alcoholism, before the disease develops. In the second stage, when symptoms become visible and daily life is beginning to be disrupted, counseling can prevent the complete development of the disease. Finally, should stage three--complete development of alcoholism--be reached, counseling can provide treatment to stop or cure the physical and psychological damages that result from alcoholism (Trice, 1977). Counseling can also help prevent substance abuse by teaching employees how to deal with the hazards and pressures of stressful jobs (Lambuth, 1984).

Counseling suggested and conducted by an employer has two advantages that family-induced counseling may lack. First, as long as an abuser has a job, he can delude himself

into believing everything is okay. When the employer suggests counseling, the last facade of normality is shattered. Secondly, business-oriented and conducted counseling is not emotionally involved eith the employee, and therefore is more objective (Trice, 1977).

Company counseling services cannot always adequately deal with the problems presented by a troubled employee. Since this is often the case, it is necessary to have a thorough and effective referral service to rely on. The EAP staff should have a list of community facilities available--hospitals, universities and Alcoholics Anonymous. It is also helpful to set up arrangements with the facilities assuring the availability of their services to a company's employees. An organization may want to develop a list for employees, and for their own reference, that lists the services each facility has to offer, plus what their hours and fees are. A company should also check into each facility's qualifications and policies for accepting referrals (Pati, 1983).

Once a diagnosis is made, a form of treatment must be selected. Some methods that are available are detoxication, a drug-free theraputic community and methadone maintenance. Detoxication involves a process of ridding the body of alcohol and allowing the individual to adjust tobeing without the drink in his system. It is a procedure that enables managed withdrawal (National, 1984). The drug-free theraputic community provides a "second chance to grow up " (McVernon, 1980), while teaching lessons on self-respect

and responsibility in an atmosphere of love, concern and caring. Approximately 20% who enter the program will successfully stop taking drugs, and most others learn to limit their drug use. With methadone maintenance, methadone is substituted for another, more harmful, drug that the employee is addicted to. It is an addiction where the addict can survive as a person. About 60% of those who use this treatment get off the streets and begin to piece their lives together. About 20% receive marginal help, but are burdened by poor personal modivation and heavy methadone use, while 20% eventually become totally free of all chemical use (McVernon, 1980).

Besides these extensive methods of treatment, in-house counselers and community agencies may try sensitivity training, group team work, suggestion programs, job rotations, work-determined quotas and other human resources programs (Ziegenfuss, 1980).

Once an employee has undergone treatment and has been rehabilitated, and gotten the habit under control, he must be reintegrated into the work community. Often there will be a period of readjustment that must be gotten through. In order to make this period as easy and unfrustrating as possible for the employee, an employer should keep these things in mind. The supervisor who is assigned a recovered abuser must be able to provide adequate attention and leadership, and should not have any type of drinking or drug problems. There needs to be clear and adequate goals and training, prompt and clear feedback, and a stable work environment (McVernon, 1980).

The final step in both in-house and outside provider Employee Assistance Programs, is the evaluation of the program. In order to accurately evaluate its effectiveness, a set of objectives or goals must be realistically developed, keeping in mind the resources required and available. Then a method of rating the changes must be selected (Hore, 1981). Some measurable elements that may be used to evaluate the program are changes in the absenteeism rate, the number of grievances, the utilization of sick pay benefits, on-the-job accidents, the utilization of the medical care service, productivity and morale ("Managing Medical Costs," 1983). These changes are matched with the goals to see if they were reached, and to see if the program can be considered successful.

To insure a good, effective and efficient program, that aids employees and the company alike, management must assume some very definite responsibilities. Top management will have to be prepared to provide full support, proper personnel, and any funding needed. Also, a demand for sound planning, and on-going reviews and control will pay off in the end (Carr, 1980).

The immediate supervisor of troubled employees is going to have to maintain a careful observation of performance, keep accurate and complete documentation of job performance declines and changing work patterns, and make consist nt efforts to assist and motivate employees to correct work problems, plus be willing to work with the appropriate staff when referrals for diagnosis and/or treatment services are needed. Any knowledge of alcoholism, behavior observation

methods, and performance clues to watch for, will aid the supervisor (Kemper, 1979a).

If the supervisor is very reluctant to assist in EAP operations, management can stress the following points to help them see the significance of the program. 1) Good supervisors take action against deteriorating job performance. 2) If no action is taken, there is an inevitable, and maybe terminal deterioration in performance. The supervisor is responsible if he does not try to help the employee. 3) There may be a means of dealing with the problem that the supervisor is not aware of. In that case, the EAP may know what to do. 4) There are often self-referral, which means the supervisor does not have to be responsible, and 5) place an emphasis on the family members who can use the program themselves, or refer loved ones to the assitance an EAP can give (Roman, 1980).

Staff specialists have their responsibilities also. They often assist in coordinating the actions of other specialists and agencies, and help to assure the maintenance of an employee's right to confidentiality (Kemper, 1979a). They may also be required to educate employees, train supervisors, make referrals to outside agencies, do counseling, and assist in crisis intervention (Rostain, et al., 1980). If a referral is made, the counseling staff will want to get the employee's background of drinking/drug use history, review the medical history, find a program and take care of the admittance details and state disability forms (Schneider, 1979).

Unions can be helpful if they have a clear understanding of the policies involving substance abuse. This is especially true when they put the program into collective bargaining policy and assist in formal training. Union stewards can provide a contact for employees to receive help through the EAP, in the same way as, and sometimes more effectively than a manager (Belohlav, 1983).

Regardless of if the individual is a part of top management, an immediate supervisor, a staff specialist or a union representative, there should be some definite goals in mind. Regardless of how he is related to the EAP, there is a need for commitment to breaking through the conspiracy of silence. If the right people are not aware that there is a problem, the troubled employee cannot be given the help that is required (Hollman, 1980). There must be a commitment to the prevention of the problem. All individuals need to work together to avoid the problem. Intervention is important because it catches the problem in the developmental stages and helps to correct it. In order to effectively intervene, the organization must have an active information system to monitor changes that signify problems. Finally, all must be concerned with treatment of a problem that has had time to develop. By working together, these individuals may be able to cure the problems which, left unattended, could wreck havoc on their organization (Ziegenfuss, 1980).

When dealing with EAP's and troubled employees, there are some "do's" and some "do not's" They are as follows:

DO

--Remember that alcoholism and other personal problems are progressive and will never get better (Pati, 1983).

--Develop and maintain management support, coordination and attention to detail (Rendero, 1981).

--Brief union leaders on program (Busch, 1981).

--Insure that the program does not interfere with the role and functions of management.

--Know how the program will react with other programs.

--Tailor it to the needs of the company (Carr, 1980).

--Make it clear that the main concern is job performance.

--Notify employees that if production is low due to personal problems, the company is willing to help (Grosswirth, 1983).

--Give brief, detailed descriptions of deteriorated behavior (Brenton, 1982).

--Have reasonable performance standards, monitor them, and identify that there is a problem (Brenton, 1982).

--Explain that the employee has a choice of accepting or rejecting assistance (Pati, 1983).

--Explain that accepting help does not make employee exempt from the disciplining process (Zemke, 1983).

--Insure that there is no loss of seniority for being in treatment (Lambuth, 1984).

--Guarantee job security (Busch, 1981).

--Emphasize confidentiality.

--Point out that the EAP is available to assist in resolving personal problems affecting performance (Kemper, 1979a).

--Keep the program visible.

--Insure that the employees are familiar with the program before they need it (Carr, 1980).

--Try to get people to seek help before the problem affects their job performance noticeably (Brenton, 1982).

--Have a clear, positive image

--Use fully qualified outside professionals (Rendero, 1981).

--Keep the program fairly centralized, yet may want to be removed from the workplace because it is more accepted by employees (Rostain, et al., 1980).

--Have counseling readily available to remove some of the stigma involved (Dawson, 1982).

--Train supervisors to listen, and what to listen for (Zemke, 1983).

--Enlist the spouse's help (Brenton, 1982).

--Encourage self-identification and self-referrals because they are more cost effective (Rendero, 1981).

--Emphasize prevention and education.

--Use the broad-brush approach, and cover as many problems as possible and needed (Rostain, et al., 1980).

--Make EAP available to employees and their families (Busch, 1981).

--Tell employee what needs to be done to perform up to company expectations (Zemke, 1983).

--Provide adequate measuring tools for supervisors to use when evaluating performance (Rostain, et al., 1980).

--Be sure to identify improvements in performance (Lambuth, 1984).

--Monitor treatment and give the supervisor reports, with the consent of the employee (Grosswirth, 1983).

DO NOTS

--Make snap judgments (Brenton, 1982).

--Be mislead by sympathy-evoking tactics.

--Accuse or challenge the employee's personal life (Grosswirth, 1983).

--Discuss drinking or drug use of an employee unless it occurs at work, interferes with performance or the employee shows up intoxicated (Pati, 1983).

--Diagnose the problem.

--Cover-up for a friend (Pati, 1983).

--Force an employee to accept treatment (Milbourne, 1981).

--Moralize.

--Discuss the problem of an employee with anyone who is not authorized to know (Pati, 1983).

There are several measures that a company can take to show employees that they intend to lessen the drug and alcohol abuse among their workers. One very visible sign is the presence of drug-sniffing dogs at the workplace. The organization can tell employees that there is to be urine and blood tests given to those employees who have frequent accidents, and show other signs of possible alcoholism and drug abuse. (Brecker, 1983).

The company can also try to alleviate some of the factors that may be causing employees to turn to drugs and alcohol. Personnel policies can be developed that are relevant to the problems encountered. Research can be conducted to determine which working conditions need to be altered and what parts of the organizational structure or job designs need to be developed or redesigned. A job enrichment program may be developed, with employees being given more responsibility and authority over their work. Management may even want to push decision-making authority down as far as possible and also involve the employees more in their own performance appraisals (Ziegenfuss, 1980). Jobs may also be offered to recovered workers. This will go a long way in showing employees that management has made a true committment to helping them.

Why are organizations willing to spend the time and money on a system that is meant to detect and assist troubled employees? The answer to this question can be found in new company philosophies, and accumulated company statistics and dollar savings. Companies are beginning to realize that "disturbances in individuals will inevitably lead to group and organizational problems. The more severe the individual or group problems, the greater the impact on the organization" (Ziegenfuss, 1980).

Companies have begun to realize the importance of their employees, and the advantages of having healthy and happy workers. EAP's are a way to contribute to a worker's well-being and ability to function productively and happily. When a program helps an abuser to recover, it creates a very productive and loyal employee. It brings about an employee who tends to remain with the company. This loyalty and steadfastness improves the stability of the workforce (Ozawa, 1980), and increases the company morale. Worker rehabilitation is the organizations way of protecting its initial investment--the worker and the worker's productivity ("Helping Employees Cope," 1979). Union pressure or support can also cause the company to more actively seek to aid its employees (Quayle, 1983).

Management may say they engage in EAP's to show the employees that they do care about the worker's personal and emotional well-being. This is true but may be only part of their total reason. Employee Assistance Programs assist management in dealing with persons who have difficult

problems to cope with. The medical--personnel guidance also frees management of the imposed roles of therapist and counsellor, and allows them more time for goal setting and planning (Camisa, 1982). EAP's will strengthen the management's position with both employees and the union (Ozawa, 1980). The programs go a long way in improving a company's public relations and public image also. They can create community good-will and show the public that the company feels a strong social responsibility to the employees, their families and the communities they dwell in (Sager, 1979).

Another reason companies will implement an assistance program is the evidence of problems that management encounters. Poor work performance, high turnover, high training costs, impaired efficiency, high absenteeism rates (Hore, 1981), and large numbers of visits to the medical department, all signify that something is wrong. A problem needs to be corrected. The program is usually found to be cheaper than replacing individuals, and with it, the company reduces the risk of losing in employee bias suits brought against them by terminated employees ("Helping Employees Cope," 1979).

There are several figures to back up the claims of cost effectiveness of the programs. An estimated $8 million are saved in one company through higher production, fewer accidents, and less sick leave (Brecker, 1983). Past experience has shown that for every dollar put into an Employee Assistance Program, the organization can expect a return of $2 to $20 (Quayle, 1983). Jack Nelson (1981) demonstrates this by quoting the savings of two separate organizations.

Kennecott Copper Corporation estimates that their program for "troubled employees" saves $500,000 annually. The program costs $90,000. Scovill Manufacturing Company estimates that they save more than $185,000 a year. Still another company estimates that 5% of their workforce are alcoholics, who cost the company about $5 million a year. If 70% of that 5% can be rehabilitated, the company could save $3.5 million annually (Reed, 1983).

The enormous savings potential can be explained by some company-collected statistics. They deal with items affected by EAP's. At least a 20-30% increase in the productivity is found in individuals who have completed successful treatment for alcoholism (Grosswirth, 1983). With a success rate of 70-80% for alcoholics going through treatment, the higher productivity could result in a very high company increase over time (Perham, 1982).

Gates Rubber Company in Denver, Colorado, has seen a decrease in absenteeism from 11,174 hours to 4106 hours. The decrease is saving the company $56,000 annually. Their medical expenses have dropped by two thirds and they have a return of investments equal to three to one. After six years of the program, absenteeism is 300% better, medical visits are 200% lower and use of fringe benefits is down 10% (Busch, 1981). Another company has found a 50% decrease in lost hours, 30% decrease in sickness and accident benefits, 63% decrease in the amount of disciplinary actions and an 82% drop in job-related accidents ("Occupational Alcoholism," 1979). Clearly, the EAP is doing something to help these companies.

Companies are faced with the problem of defining the success rate that they achieve with their EAP program. The organization often lists criteria and then notes how well the goals are met. The most common goals used are: 1) reduced absenteeism, 2) reduced tardiness, 3) improved performance and 4) entrance into long-term treatment programs (Rostain et al., 1980). It is not uncommon for a company to evaluate one of these criteria and experience a 60-80% success rate.

Although some companies do experience this high success rate, that is not true in every case. A number of problems may be encountered by management that lowers that rate, or makes a formal EAP impractical. Probably the most common reason for not having a program is that management does not realize that a program is needed. If alcoholism and its effects and symptoms have never been defined or discussed, the problem does not seem real. When top management does not acknowledge the problem, why should supervisors be concerned (Trice, 1977)? Upper management will not see a need for defining alcoholism or drug abuse if they are not aware that there is a problem. Often management does not realize that although all the employees appear to be performing effectively and efficiently, unrecognized personal problems can be lessening the productivity, and increasing absenteeism, sick pay and other costs. Management may also feel very confident that the screening program prior to employment has successfully weeded out all of the potential problem employees. This will probably not be true. No screening program can be 100% effective (Quayle, 1983).

Another outlook common among management is--yes, there may be a problem, but with as small as the problem is, it is easier to fire the troubled employee rather than try to rehabilitate him or her--besides, most problems cannot be treated anyway so why bother to try (Quayle, 1983)? This attitude implies that EAP's will not make a difference, therefore there are no policies, trained supervisors, or counselors to aid employees who want to seek help through their employer (Belohlav, 1983). Management may even avoid any mention of alcoholism or drug abuse problems, for fear that the company will develop a social stigma if they admit they need the program.

Another problem that keeps management from encouraging a program is that they may see their own role and the role of the company as one of making a profit and only making a profit. Shareholders are seen as not wanting to financially support the system, and as only wanting a profit. The problem may seem too broad to be dealt with by the company. Since the programs involve psychological, medical and social problems, many managers feel government should have to deal with them, not private corporations (Sager, 1979). Often complex extra-organizational issues are covered, and management may not be prepared to deal with them (Belohlav, 1983).

Supervisors may have problems recognizing alcoholics and insuring accurate identification. Even if a troubled employee is identified, supervisors amy be reluctant to take action. They feel that they have no right to get

involved in the worker's personal problems, and may sense the employees' resentment for what they feel is an invasion of their co-worker's privacy (Trice, 1977). Also, if the rehabilitation process is not clearly understood, supervisors may be reluctant to use the program.

Despite the problems encountered, the number of Employee Assistance Programs continues to grow. They are reducing the stigma of alcoholism, drug abuse, and other problems that employees encounter, and are providing an example of how employees and the employer can work together to the benefit of both. As their numbers and reputation increase, Employee Assitance Programs will continue to become more professional. They are even now beginning to emphasize prevention as well as intervention and treatment. They also are developing their own literature, courses and standards. All of these adjustments and improvements are going to help spread EAP's and show their significance to many areas of business and industry.

CHART A

Government sponsored study done by Research Triangle Institute: 1977 finding adjusted to reflect 1983 dollars ("Drug Abuse: Cost", 1983).

LOST PRODUCTIVITY:	
--absenteeism, slow downs, mistakes sick leave	$4.9 billion
--drug related deaths	1.3 billion
--imprisonment	2.1 billion
--leaving for criminal career to support habit	8.3 billion
MEDICAL EXPENSES:	
--treatment: rehabilitation centers, hospitals	$1.9 billion
--administration of treatment programs, research, and training	367 million
CRIME	
--Federal, state and local expenditures for courts, police and prison	$5.2 billion
--alarm systems, locks, preventative stops for businesses and individuals	1.6 billion
--property destroyed during criminal acts	113 million
TOTAL	$25.8 billion

CHART B

Warning signals of various drug types.(Morse, 1982).

STIMULANTS

GENERAL:

--increase heart rate, blood pressure and body temperature
--increase muscular activity
--curtail desire to sleep or eat
--appear hyperactive, figitty, and talkative
--if a smoker, smoke constantly

COCAINE:

--powerful and confident
--inflamed nasal cavities
--sniffles
--financial difficulties

COFFEE

--low grade fever
--exhaustion
--ulcers, stomach cramps
--short temper

DEPRESSANTS

SMALL DOSES

--initial stimulation
--slurred speech, and slow reactions
--stupor, coma, death

HEROIN

--tranquility, passivity
--constricted pupils, dreamy look
--constant scratching of face and neck
--needle marks

TRIP DRUGS

GENERAL

--spacy, disoriented
--reaction depends on experience, dosage and environment